



## MISSOURI DEPARTMENT OF NATURAL RESOURCES

P.O. BOX 176

JEFFERSON CITY MO 65102

## DRY CLEANER REGISTRATION

## I. DRY CLEANER INFORMATION (BOTH)

DRY CLEANER FACILITY NAME	FIPS COUNTY NO.	PLANT NO.	COUNTY	YEAR
FACILITY STREET ADDRESS	CITY		STATE <b>MO</b>	ZIP CODE
FACILITY MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY		STATE	ZIP CODE
FACILITY CONTACT PERSON	TITLE	FACILITY TELEPHONE NUMBER (      )		

## II. PROPERTY OWNER INFORMATION (Not business owner unless also property owner) (HWP)

NAME OF PROPERTY'S LEGAL OWNER	
MAILING ADDRESS; STREET, P.O. BOX OR ROUTE NUMBER	OWNER TELEPHONE NUMBER (      )
MAILING ADDRESS; CITY OR TOWN	STATE      ZIP CODE

## III. CALCULATE SOLVENT USE (BOTH)

	CHLORINATED (PERC)	NON-CHLORINATED (NON-PERC)
GALLONS ON HAND FROM PREVIOUS YEAR		
GALLONS BROUGHT ON SITE DURING CALENDAR YEAR (+)		
GALLONS SENT OFF-SITE UNUSED (-)		
GALLONS ON-HAND AT END OF CALENDAR YEAR (-)		
(a) TOTAL GALLONS USED DURING CALENDAR YEAR (=)		

BASED ON "TOTAL GALLONS USED DURING CALENDAR YEAR", CALCULATE YOUR SURCHARGE IN SECTION IV BELOW.

## IV. CALCULATE REGISTRATION SURCHARGE. PLACE AN "X" IN APPROPRIATE BOX. (HWP)

COMPLETION AND SUBMITTAL OF THIS FORM SATISFIES THE REQUIREMENTS OF 260.915, REVISED STATUTES OF MISSOURI  
THIS SURCHARGE IS REQUIRED BY 260.935, REVISED STATUTES OF MISSOURI

- \$500**    ☐    A. 0-140 GALLONS OF CHLORINATED SOLVENT OR 0-1,400 GALLONS OF UNCHLORINATED SOLVENT.  
**\$1,000**    ☐    B. 141-360 GALLONS OF CHLORINATED SOLVENT OR 1,401-3,600 GALLONS OF UNCHLORINATED SOLVENT.  
**\$1,500**    ☐    C. OVER 360 GALLONS OF CHLORINATED SOLVENT OR OVER 3,600 GALLONS OF NON-CHLORINATED SOLVENT.

• A SEPARATE CHECK IS REQUIRED FOR THE DRY CLEANER REGISTRATION SURCHARGE

• DO NOT DEDUCT ANY LOCAL AIR EMISSIONS FEES FROM THIS SURCHARGE

PAYMENT FOR REGISTRATION SURCHARGE MARKED IN BOX A, B OR C MUST BE SENT WITH THIS COMPLETED FORM.

## V. CALCULATE AIR EMISSIONS FEE (APCP)

WHAT TYPE OF SOLVENT DOES YOUR FACILITY USE? <input type="checkbox"/> PERCHLOROETHYLENE (HAPs) <input type="checkbox"/> STODDARD (VOC) <input type="checkbox"/> OTHER (NAME _____)	GALLONS OF SOLVENT SHIPPED AS WASTE NUMBER OF FILTERS? _____ TIMES THE CONVERSION FACTOR = _____ {b} GALLONS OF SLUDGE? _____ TIMES THE CONVERSION FACTOR (0.1) _____ {c}		
[a - b - c] X DENSITY OF SOLVENT 2000 POUNDS PER TON	DENSITY OF TWO SOLVENTS PERC = 13.547 LBS./GAL STODDARD = 6.316 LBS./GAL	1	TONS/YR
TOTAL ANNUAL EMISSIONS FEE (\$33.00 PER TON OF CHARGEABLE EMISSIONS)	ONE TON MINIMUM IS USED TO CALCULATE FEES. (SEE INSTRUCTIONS)	2	\$

## CERTIFICATION AND CHECK INFORMATION (BOTH)

The undersigned hereby certifies that they have personally examined and are familiar with the information and statements contained herein and further certifies that they believe this information and statement to be true, accurate and complete. The undersigned certifies that knowingly making a false statement or misrepresenting the facts presented in this document is a violation of state law.

PRINT NAME OF PERSON COMPLETING FORM	TITLE	REGISTRATION SURCHARGE		
		CHECK AMOUNT	CHECK DATE	CHECK NUMBER
SIGNATURE	DATE	EMISSION FEE		
		CHECK AMOUNT	CHECK DATE	CHECK NUMBER
PRINT NAME OF AUTHORIZED COMPANY REPRESENTATIVE	TITLE	OFFICE USE ONLY		
		LOGGED IN BY	DATE RECEIVED	
SIGNATURE	DATE			

## INSTRUCTIONS FOR THE DRY CLEANER REGISTRATION

All dry cleaners are required to complete this form and file it with the Department. If you own more than one dry cleaner operation at different locations, a separate form must be completed for each location. If your facility is only a drop off location and no solvent is kept or used at that location, then please return this form indicating that situation exists.

### Section I - Dry Cleaner Facility Information

Enter the official company name and/or plant designation for the facility that is submitting this form if not already preprinted. The FIPS County Number see "List of MO Counties", Plant No., County Name, and Year may be preprinted on your EIQ form. If you do not know your Plant Number leave it blank. The Year is the calendar year of record starting January 1 and ending December 31. The street address is the physical location of the facility, not a post office box or route number. The facility mailing address is the address where all correspondence should be sent. The facility contact is the name and title of the person most familiar with the operations of the plant and who can answer any questions regarding information about the facility. The facility phone number is the telephone number where the contact person can be reached.

### Section II - Property Owner Information

Enter the name and mailing address of the legal owner(s) of the property. Also enter the address and phone number where this individual can be reached. (This is **not** the business owner unless the business owner is also the property owner).

### Section III - Calculate Solvent Use

Enter the quantity of solvent, in gallons, that was remaining in machines or in storage (include that to be shipped as waste) at this facility at the beginning of the emission year.

Add the quantity of solvent, in gallons, that was brought on-site during the emission reporting year.

Subtract the quantity, in gallons, of solvent that was shipped off-site unused.

Subtract the quantity, in gallons, of solvent that was remaining at this facility as of December 31 of the emission year.

(a) Enter the quantity in gallons of solvent from these calculations. This is the amount of solvent used during the emission year.

### Section IV - Calculate the registration surcharge

Place an "X" in the appropriate box that represents the total gallons of solvent used as calculated in Section III. A separate check is required for the Dry Cleaner Registration Surcharge. Local air emissions fees should not be deducted from the amount of the Dry Cleaner Registration Surcharge. The form must be signed by the person completing the form. This completed form should be returned including separate payments for applicable fees. Return this Dry Cleaner Registration Surcharge Calculation form along with payment, to Missouri Department of Natural Resources, Air Pollution Control Program, P.O. Box 176, Jefferson City, MO 65102.

### Section V - Calculate the air emission fee

**What type of solvent:** Check the box next to the cleaning solvent used at the facility. If you use a solvent other than perchloroethylene (perc) or stoddard (also known as Naphthe, petroleum solvent or mineral spirits), please enter the name of the solvent on the line next to "other".

**Gallons of Solvent Shipped as Waste:** The conversion factor for filters may be derived by mass balance. The formula is:

$$\left[ \frac{\text{wt. of filter after use} - \text{wt. of filter new}}{\text{density of solvent}} \right] \times 0.1$$

**Emission Calculation (the formula):** Use the formula to calculate tons of emissions at your facility. The variables "a" through "c" are measured as gallons. Insert the number for each variable and perform the calculation. (NOTE: variable "a" is the total gallons used during the year.) Insert the calculated value in box 1. The densities of two common solvents are printed in the gray box on the form.

**Total Annual Emission Fee:** Round actual emissions from box 1 to the nearest ton. Any amount between zero and one ton must be reported as one ton. Multiply this amount by \$33.00 and put this in box 2.

**Certification:** The last two lines are to be completed by the person completing the form and by authorized company representative. Include their titles in the blocks also. Both signature blocks must be signed, unsigned forms will not be accepted.

**Check Amount, Check Number, Check Date:** Fill in your company's check information. Record each payment (registration surcharge and emission fee) in the appropriate box.